DECLARATION

AS A BELOW NAMED INVENTOR, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe that I am the original, first and sole (*if only one name is listed below*), or an original, first and joint inventor (*if plural names are listed below*), of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: DEVICE AND METHOD OF MEDIATING ACCESS

the specification of which either is	attached hereto or indicates an atto	rney docket no. <u>8025-1</u> , or:	
was filed in the U.S. Patent & T	rademark Office on	and assigned Serial No.	,
I hereby state that I have reclaims, as amended by any amendre to patentability and to the examinat §1.56. I hereby claim foreign prior application(s) for patent or invento	ment referred to above. I acknowle tion of this application in accordance rity benefits under Title 35, U.S. On the control of the control of the control of the control of the control of	s of the above-identified specification, including the duty to disclose information which is a with Title 37 of the Code of Federal Regula code §119(a)-(d) or §365(b) of any foreign are international application which designated a dentified below any foreign applications for page 1.	material tions at least
		Priority (<u>Claimed</u>
		Yes []	No []
(Application Number)	(Country)	(Day/Month/Year filed)	
		Yes []	No [
(Application Number)	(Country)	(Day/Month/Year filed)	
United States provisional application below and, insofar as the subject me PCT International application(s) in the duty to disclose information materials.	on(s), or §365(c) of any PCT Internatter of each of the claims of this a the manner provided by the first paterial to patentability as defined in	any United States application(s), or §119(e) of ational application designating the United State pplication is not disclosed in the prior United aragraph of Title 35, U.S. Code, §112, I acknowled Title 37, The Code of Federal Regulations, §1 and the national or PCT international filing of	es, listed States or owledge 1.56(a)
(Application Serial Number)	(Filing Date)	(STATUS: patented, pending, abando	oned)
(Application Serial Number)	(Filing Date)	(STATUS: patented, pending, aband	oned)

I hereby appoint the following attorneys: **FRANK CHAU**, Reg. No. 34,136; and **JAMES J. BITETTO**, Reg. No. 40,513; **FRANK V. DeROSA**, Reg. No. 43,584; **GASPARE J. RANDAZZO**, Reg. No. 41,528; and **SUSAN PAIK**, Reg. No. 46,347, each of them of **F. CHAU & ASSOCIATES, LLP**, 1900 Hempstead Turnpike, Suite 501, East Meadow, New York 11554 to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith and with any divisional, continuation, continuation-in-part, reissue or re-examination application, with full power of appointment and with full power to substitute an associate attorney or agent, and to receive all patents which may issue thereon, and request that all correspondence be addressed to:

Frank Chau, Esq. F. CHAU & ASSOCIATES, LLP 1900 Hempstead Turnpike, Suite 501 East Meadow, New York 11554 Area Code: 516-357-0091 I HEREBY DECLARE that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 U.S. Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST OR SOLE INVENTOR: Wakefield Scott Stornetta, Jr. Citizenship U.S.A. Inventor's signature:	Date: 2/5/0/
Post Office Address: same as above	
FULL NAME OF SECOND INVENTOR: James D. Hollan Citizenship U.S.A. Inventor's signature: L. M. M. L. Residence: 3352 Via Alicante, La Jolla, CA 92037 Post Office Address: same as above	Date: <u>2/5/01</u>
FULL NAME OF THIRD INVENTOR: Citizenship Inventor's signature: Residence: Post Office Address:	Date:
FULL NAME OF FOURTH INVENTOR: Inventor's signature: Residence:	Citizenship Date:
Post Office Address: FULL NAME OF FIFTH INVENTOR:	Citizenship
Inventor's signature:	Date:
Residence:	-

Post Office Address: